PLUMBING PERMIT APPLICATION VICIPALITY WARREN NUMERICAL CODE PERMIT NO LICATION DATE ______ CENSUS TRACT _____ FEE RECEIVED: \$ ______ BY New or Old Bldg. 2. Na of Stories STREET LOCATION PROPOSED JSE OF STRUCTURE: PREVIOUS ADDRESS ______ TEL. NO. _____ OWNER MASTER PLUMBER ______ ADDRESS ______ TEL NO. ____ ____ ADDRESS _____ ARCH OR ENG _____ TAMPED PRINTED (Circle one) YES NO 12. RHODE ISLAND REG. NO. _______ 13. MASTER PLUMBER LIC NO. ______ ESCRIPTION OF WORK TO BE PERFORMED STIMATED COST \$ ___ MUNICIPAL PLUMBING PERMIT FEE: CE/ADA FEE: ESTIMATED COST x .001 - S 1 & 2 FAMILY DWELLING LIMITED) TOTAL PERMIT FEE = 5_ I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of his building and the undersigned agree to conform to all applicable codes and ordinances of the State and this jurisdiction. MASTER PLUMBER'S SIGNATURE HOT WATER
HEATER
TEMP. PRESS.
VALVE
VAC BREAKER DRINKING FOUNT. DISH WASHER WASH FLOOR DRAIN SINK EMENT T STORY D STORY D STORY + STORY 4 STORY + STORY 1 STORY 1 STORY 1 STORY 1 STORY 125 TYPE MATIL ED TO ROOF DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT PERMIT GRANTED: DATE ____ PLUMBING INSPECTOR the following reasons: CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for inection to your service.

PLUMBING INSPECTOR

DATE _____